

Name
in
Full

William S. Barnes

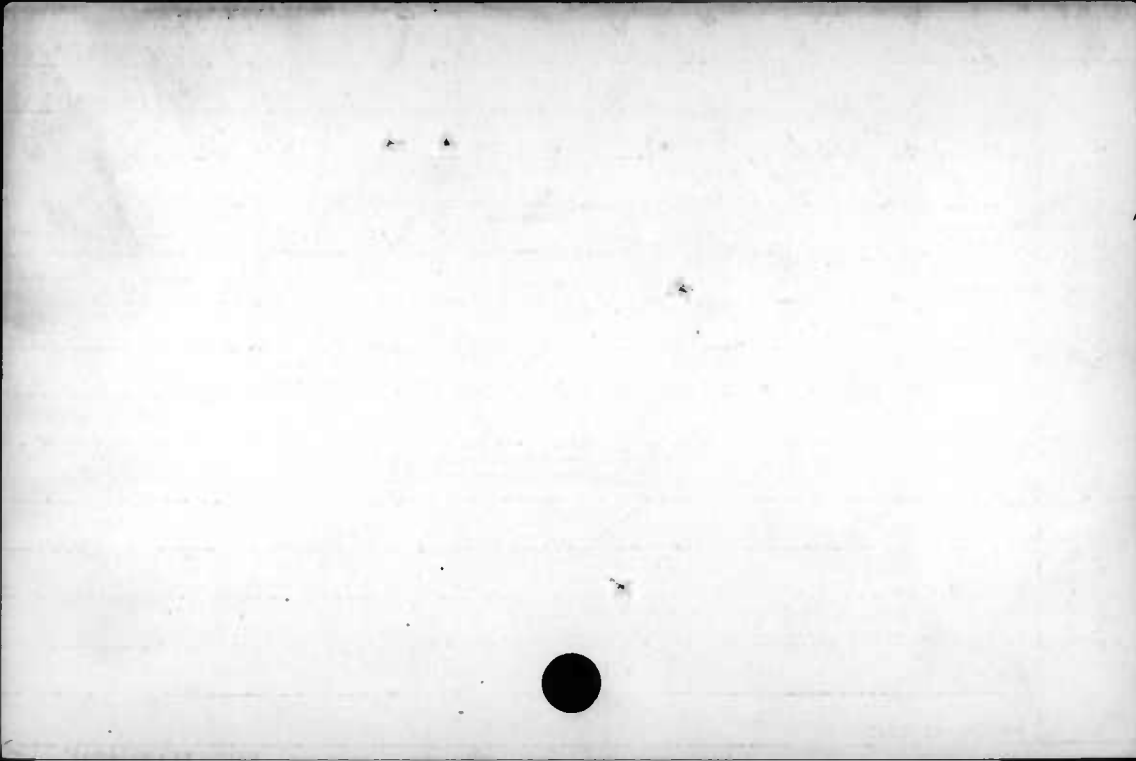
15
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Calvert</i>			Town			County			MARYLAND		
Date of death 1905		Month <i>July</i>	Day <i>9</i>	Age <i>10</i>		Years <i>10</i>		Months <i>10</i>		Days	
Sex <i>Colored</i>			Color or Race			Birth-place					
Married, Single or Widowed						Occupation <i>none</i>					
Name of Wife or Husband											
Father's Name <i>Benson Barnes</i>						Father's Birthplace <i>Calvert</i>					
Mother's Maiden Name <i>Beamer Barnes</i>						Mother's Birthplace <i>Calvert</i>					
Name of person giving information <i>Charles Jackson</i>						How related to deceased <i>mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Shut Int.</i>	How long	<i>179</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>D. Breunel & Breunel</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

* *Mason Bourne*

17

Died at *Island* ^{Town} *Cecil* ^{County} *Calvert*

MARYLAND

Date 19*05* ^{Month} *July* ^{Day} *21* | Age ^{Y.} *20* ^{M.} *3* ^{D.} *26* | Native of *ind* | Occupation *laborer*

Male ~~Female~~ | ~~White~~ ^{Colored} | ~~Married~~ ^{Single} | ~~Widow~~ ^{Widower} | ~~Divorced~~ | Number of children living *0*

Husband
of
WifeFather's Name *Jos. H. Bourne*Mother's Maiden Name * *Matilda Bourne*

Cause of Death { Primary *Consumption*
Immediate

How long sick *12 months*

Accident, Suicide, Homicide

Reported by *Tyler & Harberson Undertakers*Address *Drumhead 221d*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in FullTO BE ANSWERED BY
NEAREST FRIEND18
CERTIFICATE OF DEATH

Lenor Brooks

Died at *Initial* ^{Town} *Calvert* ^{County} **MARYLAND**

Date of death *1905* ^{Month} *July* ^{Day} *21* ^{Years} *70* ^{Months} ^{Days}

Sex *Female* ^{Color or Race} *Colored* ^{Birth-place} *Calvert Co*

Occupation *Domestic* ^{Where Residing if not at place of death} *near Initial*

Married, Single or Widowed *yes* ^{Name of Wife or Husband} *Charles Brooks*

Father's Name *Joseph Wallace* ^{Father's Birthplace} *Calvert*

Mother's Maiden Name *Annie Mason* ^{Mother's Birthplace} *"*

Name of person giving information *Mrs Brooks* ^{How related to deceased} *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

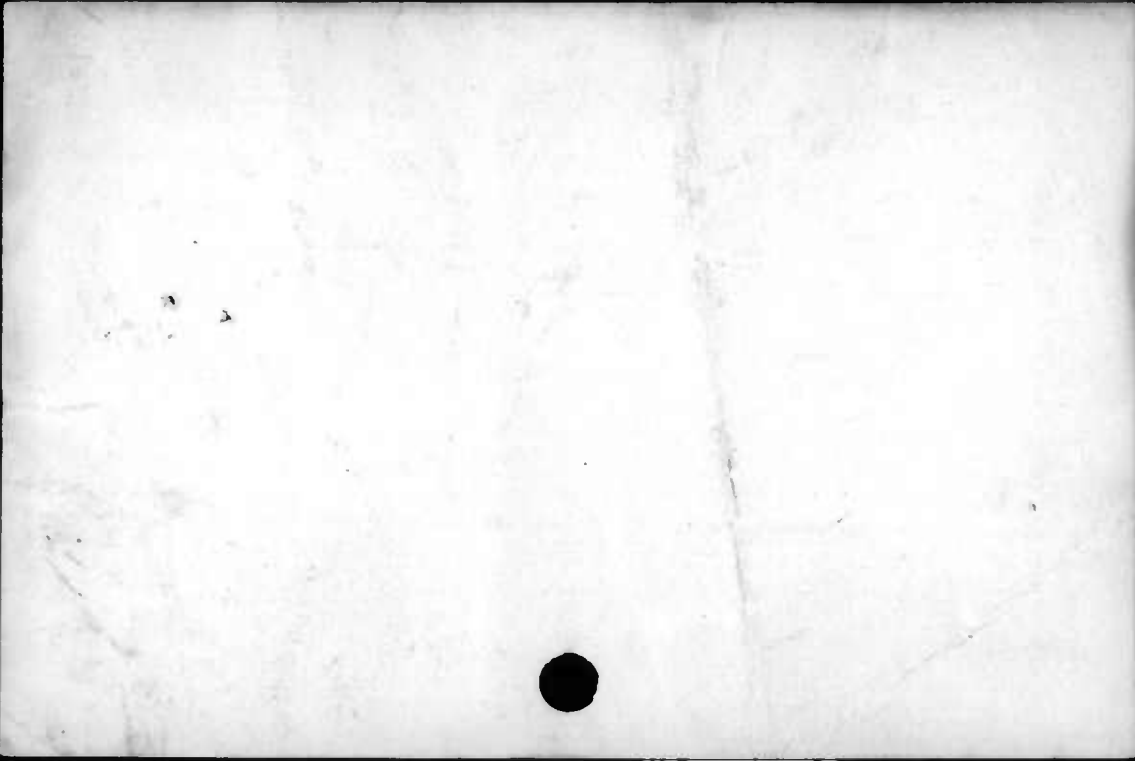
Primary *Myocardial* ^{How long}

Immediate *179* ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *D Brooks* ^{Address}

Accident or Suicide?



Name

is Full

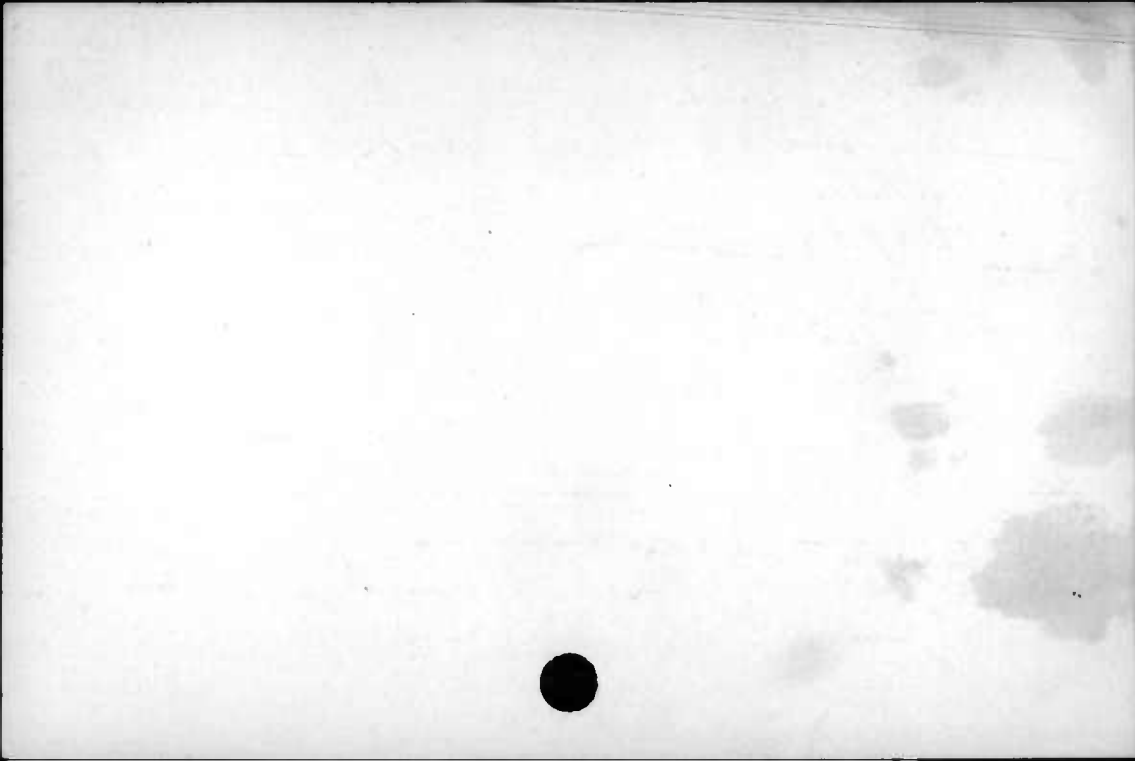
16
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>10allsville</i>		Town <i>Calvert</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>28</i>	Age <i>infant</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Calvert County</i>				
Occupation <i>Bound dead</i>			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Bendson Cook</i>			Father's Birthplace <i>Calvert Co</i>				
Mother's Maiden Name <i>Emma Steward</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Adaline Smith</i>			How related to deceased <i>none</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Myocard</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		<i>L. J. Brooke & Bros</i>	



Name
in
Full

CERTIFICATE OF DEATH

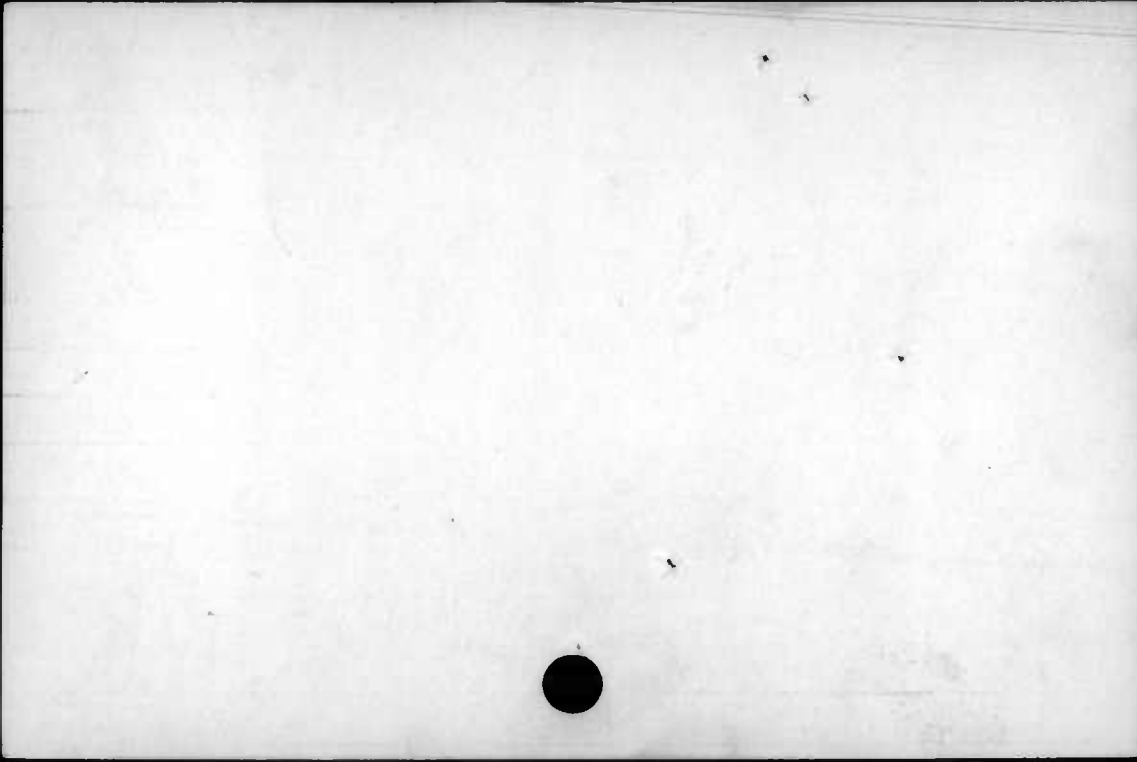
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Treas. Hall</i>		Town <i>Halls</i>		County <i>Calvert</i>		MARYLAND	
Date of death 1905	Month <i>July</i>	Day <i>4</i>	Years <i>70</i>	Months	Days		
Sex <i>Male</i>	Color or Race <i>dark</i>		Birth-place <i>Calvert Co</i>				
<input type="checkbox"/> Married, Single <input checked="" type="checkbox"/> Widowed			Occupation <i>Farmer & Oyster</i>				
Name of Wife or husband <i>Sophia Brock</i>							
Father's Name <i>John Israss</i>			Father's Birthplace <i>Calvert Co</i>				
Mother's Maiden Name <i>Rity Home</i>			Mother's Birthplace <i>Calvert Co</i>				
Name of person giving information <i>John T. Israss</i>			How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>not known</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>179</i>
	Address
Accident or Suicide? <i>D. Brooks & Bros. Undertaker</i>	



Name
in
Full(Twin) *Ino. T. Hays, Lilhe Blanche Hays*

CERTIFICATE OF DEATH

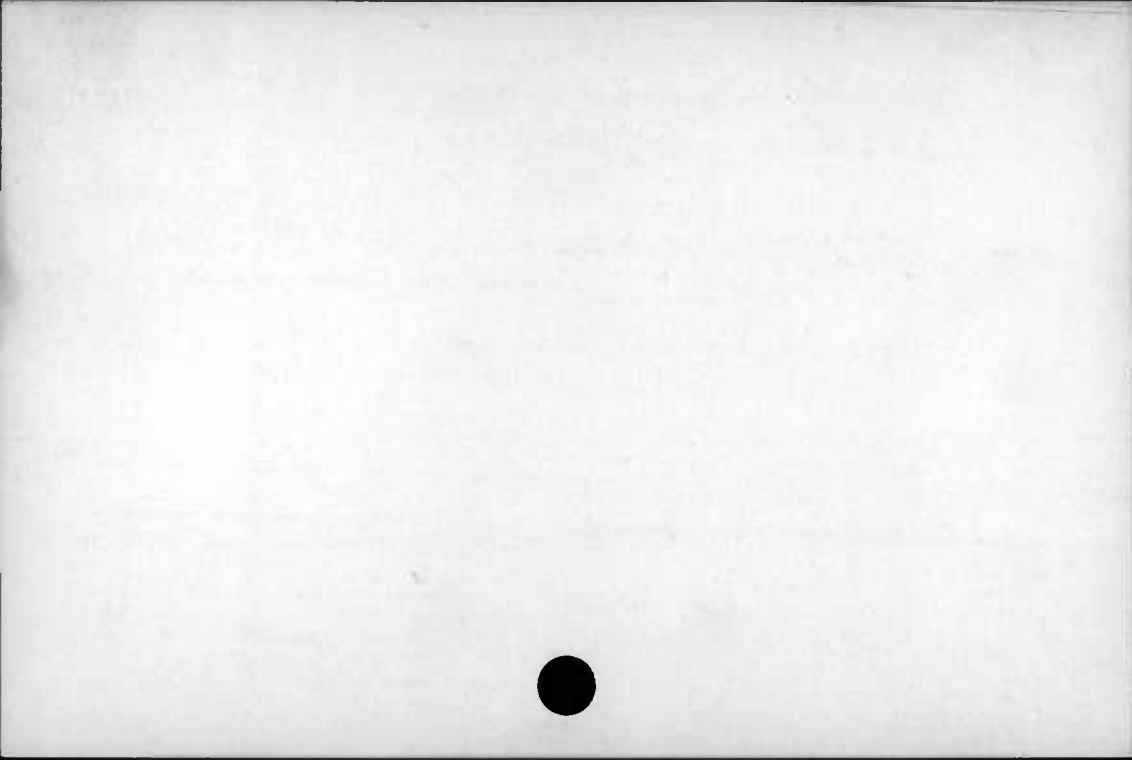
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake Junction</i> ^{Town} <i>Calvert.</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>July</i> ^{Day} <i>3</i>		Age <i>—</i> ^{Years}	Months <i>—</i> ^{5 hours}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ches. Junct. Md.</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name		Father's Birthplace <i>Md.</i>	
Mother's Maiden Name		Mother's Birthplace <i>D.C.</i>	
Name of person giving information		How related to deceased	

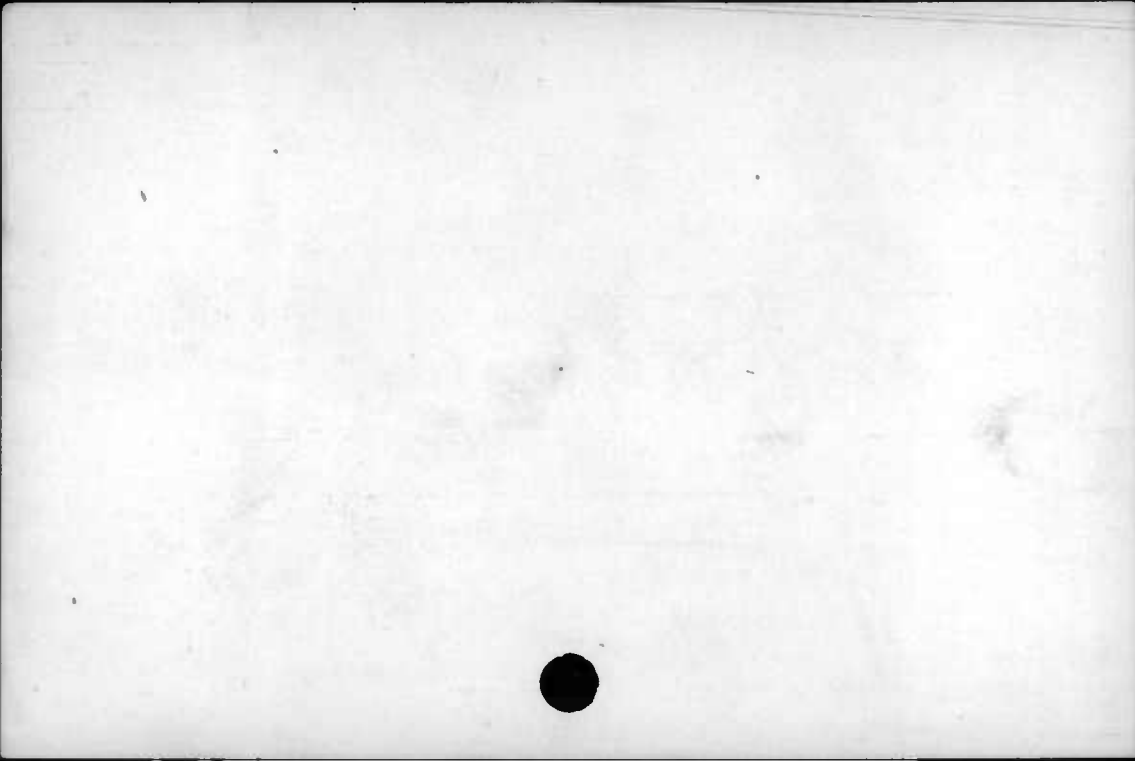
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address <i>9. W. Wane M.D.</i>
Accident or Suicide?	<i>12 12 H. H</i>



Name in Full		Eliza Hallowell				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Huntingtown	County Calvert	MARYLAND			
		Date of death	1905	Month July	Day 4	Years 30	Months "	Days	
		Sex	Female		Color or Race	Black		Birth-place	Cal. Geo.
		Occupation	Wife		Where Residing if not at place of death				
		Married, Single or Widowed	Single		Name of Wife or Husband	General Chase			
		Father's Name	Not obtainable				Father's Birthplace		
		Mother's Maiden Name					Mother's Birthplace		
		Name of person giving information					How related to deceased		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Acute Pulmonary Tuberculosis			How long	6 months		
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	J. W. Leitch		
				Address		Huntingtown			
		Accident or Suicide?				M.D.			



Name
in
FullCharles Willis McCrady
Cove Pt Calvert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

5 July

19

Age

13

3

Sex

Male

Color or
Race

White

Birth-
place

Calvert Co

Married, Single
or Widowed

Single

Occupation

—

Name of Wife or
HusbandFather's
Name

John J McCrady

Father's
Birthplace

Calvert Co

Mother's
Maiden Name

Elizabeth E. Buckler

Mother's
Birthplace

Calvert Co

Name of person giving
In formation

J J McCrady

How related
to deceased

Father

CAUSES OF DEATH

Primary

Kick from horse

How long

Immediate

Peritonitis

How long

26 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

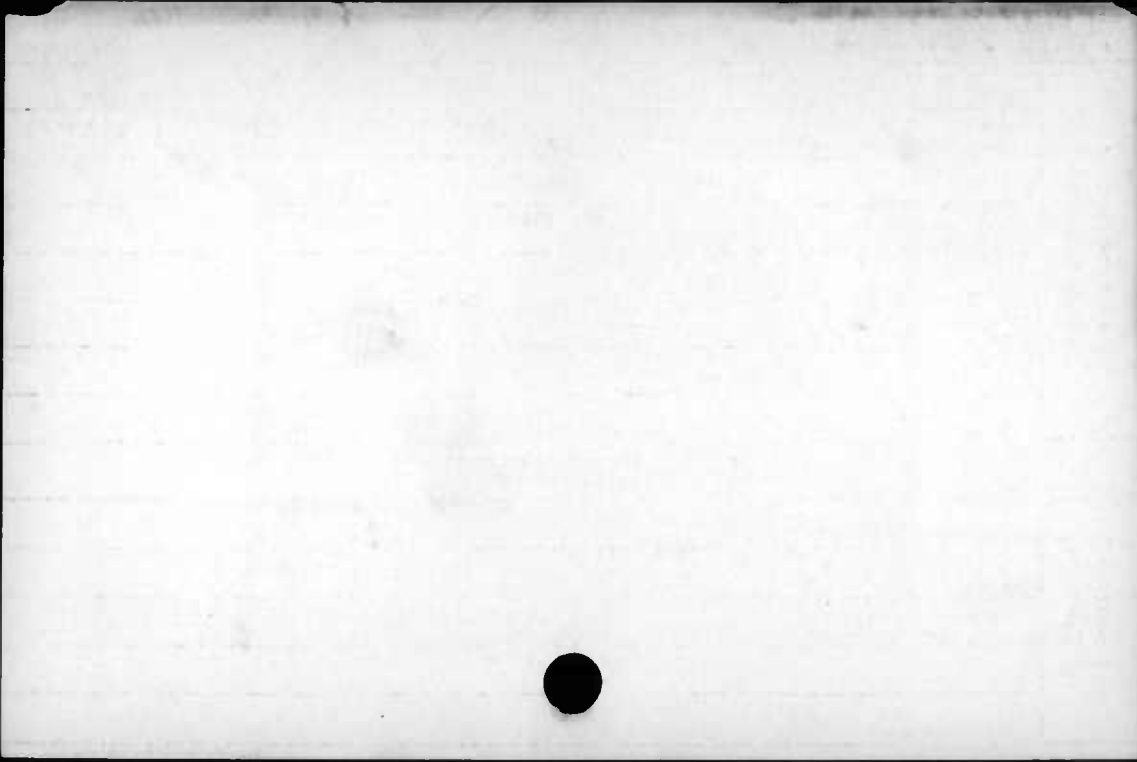
Signature of
Physician

Geo F Chambers MD

Address

Lusby Calvert Co

Accident or ~~Outlets~~PHYSICIAN
OR CORONER



Name
in
Full

Eva Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905		Month	Day	Age		Months	Days
Sex		Married, Single or Widowed		Occupation		Birth-place	
Name of Wife or Husband		Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		Name of person giving information		How related to deceased			

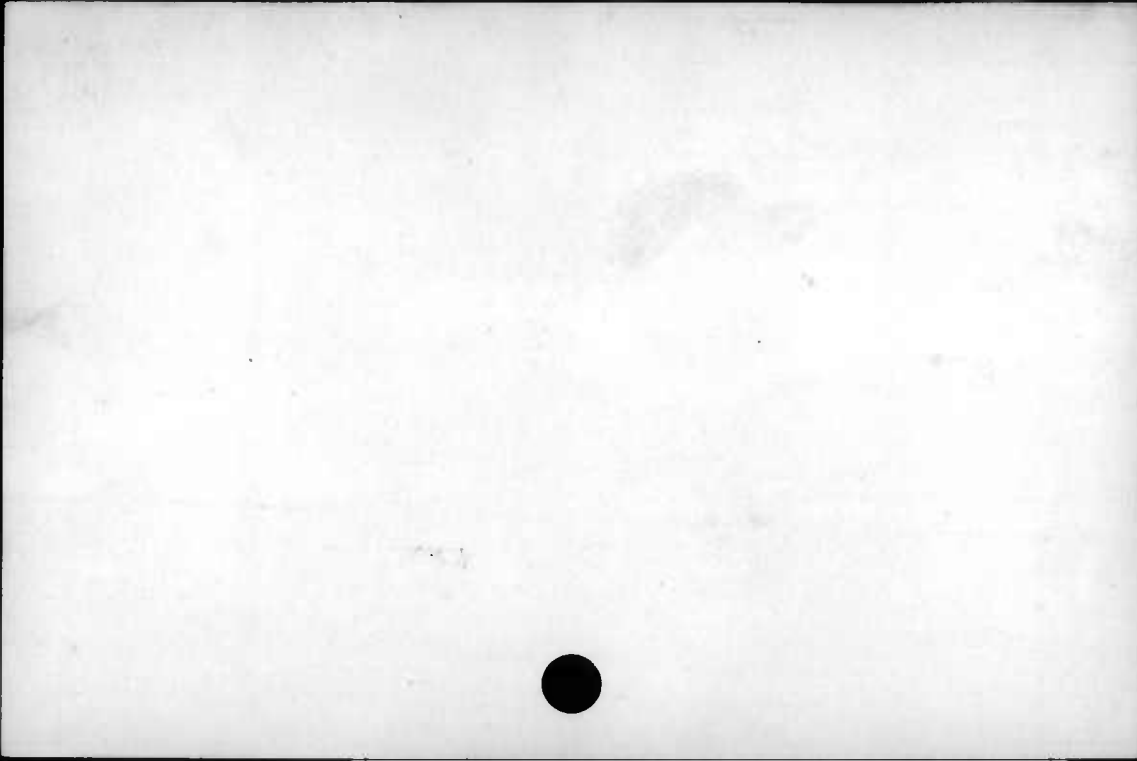
Channy
 Calvert
 1905 July 2
 Female
 single
 Coroner
 Channy
 Thomas Mackall
 Lilly Simmons
 W. P. Mackall
 Calvert Co.
 Calvert Co.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	2 mo
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

W. P. Mackall
 Channy, Md.



Name
in
Full

CERTIFICATE OF DEATH

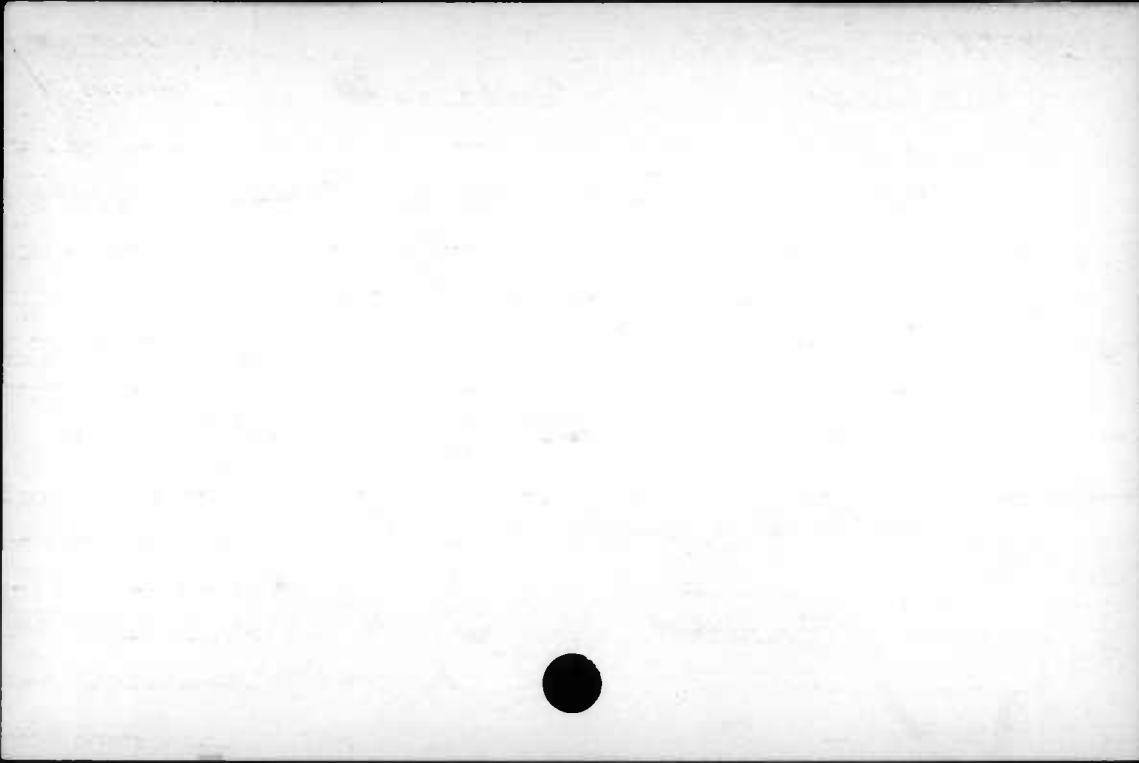
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Nathaniel Dase Sollows</i>		Town <i>Lusby</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Lusby</i>							
Date of death <i>1905 July 4</i>		Month <i>July</i>		Day <i>4</i>		Age <i>69</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Calvert co</i>		Months <i></i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Bessie Dase Sollows</i>					
Father's Name <i>Nathaniel D. Sollows</i>		Father's Birthplace <i>Calvert co</i>					
Mother's Maiden Name <i>Elizabeth Peterson</i>		Mother's Birthplace <i>Calvert co</i>					
Name of person giving information <i>Nathaniel Sollows</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cataract of Bladder</i>		How long <i>2 years</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. L. Tucker, Undertaker</i>	
		Address <i>Long Point</i>	
Accident or Suicide? <i></i>		<i>Calvert Co Md</i>	



Name
in
Full

CERTIFICATE OF DEATH

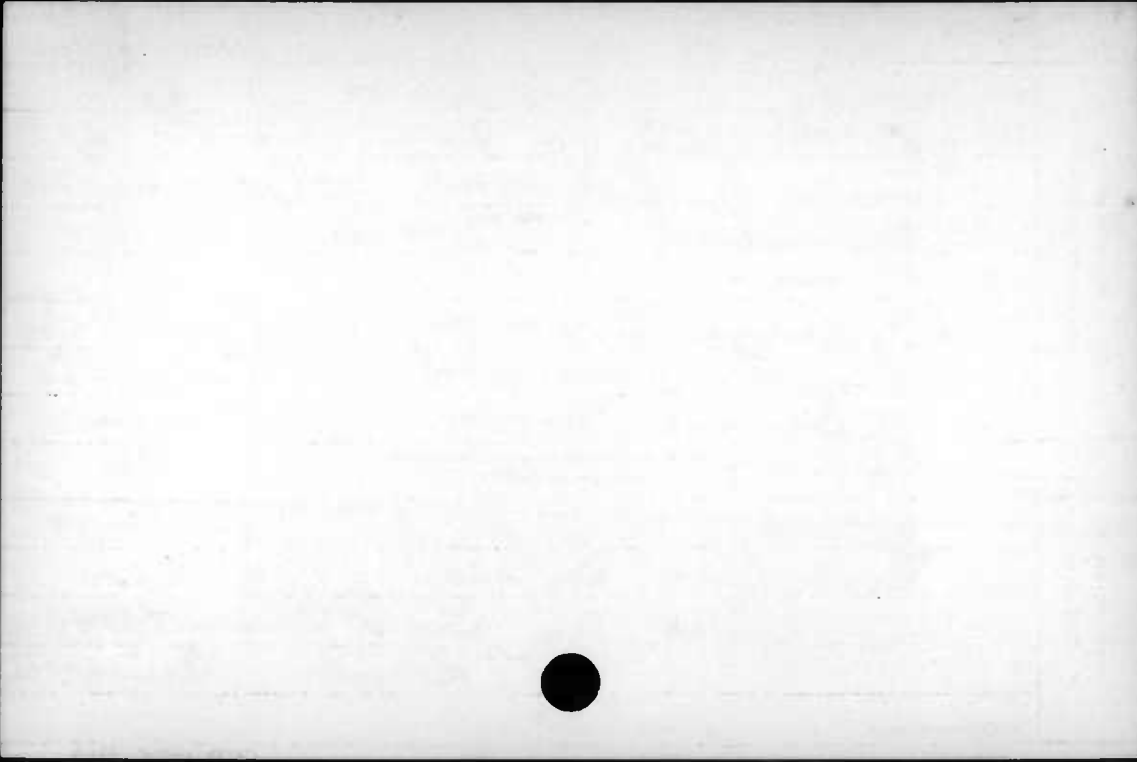
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lusby</i> Town <i>Torney</i> County <i>Calvert</i>		MARYLAND	
Date of death 190 <i>5</i> Month <i>July</i> Day <i>21</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>—</i>		
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert Co</i>	
Married, Single or Widowed <i>Single</i>	Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>			
Father's Name <i>Unknown</i>	<i>S.</i>	Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Ida Brown</i>	Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Sarah Norris</i>	How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Obstructed Labor</i>	<i>S</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo F Chambers M.D.</i>	
	Address <i>Lusby Calvert Co</i>	
Accident or Suicide?		



Name
in
Full

Ida Torrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lusby</i> <small>Town</small>		<i>Calvert</i> <small>County</small>		MARYLAND	
Date of death 190 <i>5</i> <small>Month</small> <i>July</i> <small>Day</small> <i>22</i>		Age <i>30</i> <small>Years</small>		Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Calvert County</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>Washerwoman</i>			
Name of Wife or Husband <i>-</i>					
Father's Name <i>William Brown</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Martha Howard</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Sarah Norris</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Labor</i>	How long <i>2 days</i>
Immediate <i>Septicemia Sepsis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. F. Chambers M.D.</i>
	Address <i>Lusby, Calvert Co</i>
Accident or Suicide	

